

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965827	(X3) DATE SURVEY COMPLETED 07/26/2017
NAME OF PROVIDER OR SUPPLIER ALF SEVILLA HOME CARE CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 10844 SW 154 TERRACE MIAMI, FL 33157	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Monitoring Survey for checking residents' wellness was conducted on July 26th , 2017. ALF Sevilla Home Care with limited mental health component and license number 10152 had no deficiency identified at the time of survey.